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CONFIRMATION NO. 5319

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/774,339 | FILING DATE<br>02/06/2004<br><br>RULE | CLASS<br>004 | GROUP ART UNIT<br>3751 | ATTORNEY<br>DOCKET NO.<br>60,137-207;136-3032-U |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* HL

\*\* FOREIGN APPLICATIONS \*\*\*\*\* HL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/06/2004

|   |                     |                   |                 |                       |
|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and Acknowledged<br>Examiner's Signature: <i>Kuyen Le</i> Initials: _____ | NY                  | 6                 | 11              | 1                     |

## ADDRESS

026096  
 CARLSON, GASKEY & OLDS, P.C.  
 400 WEST MAPLE ROAD  
 SUITE 350  
 BIRMINGHAM, MI  
 48009

## TITLE

Configurable modular shower surround features

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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